## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591842

FILING DATE

APPLICANT(S)

## **CLAIMS**

IND.   DEP.   IND.   DEP.   IND.	
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PTO - 1360 (REV. 04/2007)

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ™amendment	
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TOTAL CLAIMS	0		0	OMMERCE	0	

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